

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

APPLICANT(S)

FILING DATE

10634316

08-05-03

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
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11						
12						
13						
14						
15						
16	1					
17	1					
18	1					
19		3				
20		3				
21		3				
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23		3				
24		3				
25		3				
26	1					
27	1					
28		3				
29		3				
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34		3				
35		3				
36	1					
37	1					
38	1					
39	1					
40	1					
41	1					
42		1				
43		1				
44		1				
45		1				
46		1				
47		1				
48		1				
49		1				
50		1				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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52		1				
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100						
TOTAL IND.	8					
TOTAL DEP.	40					
TOTAL CLAIMS	68					